

Interagency Working Group for Community-based Participatory Research

Meeting summary

February 22, 2002

National Institutes of Health

Natcher Convention Center, Room G

Meeting began at 1:00 PM

Dr. Frederick Tyson welcomed everyone, highlighted the purpose and proposed goals of the working group, and stated the objectives of this first meeting of the working group. He also offered a definition of community-based participatory research (CBPR) from which to base discussions. The history, purpose and proposed goals of the working group can be found on the website established for the group at:

<http://www.niehs.nih.gov/dert/programs/translat/IWG/iwghome.htm>

After Dr. Tyson's quick overview, he invited participants to briefly introduce themselves and state what their office, agency, or institute is doing in the realm of CBPR.

National Cancer Institute – Jon Kerner

- Special Populations Networks
- Collaborations with AHRQ
- Collaborations with NIEHS on CPHHD

NIAAA – Jan Howard

- Monograph sponsored by SAMHSA – emphasizes need to involve community for policy change.

NIDA – Bill Bukoski

- Three upcoming RFAs that emphasize capacity building.

Centers for Disease Control and Prevention – Carolyn Beeker

- Prevention Research Centers
- REACH 2010
- Urban Research Centers – community involved from start to finish in research process.
- RFA on Community Participatory Prevention Research

National Institute for Occupational Safety and Health – Sherry Baron

- Work with hard to reach populations (migrant and child workers)
- Agricultural work is biggest area
- Collaborations with NIEHS on Env. Justice

Environmental Protection Agency – Hal Zenick

- Environmental Justice small grants
- Office of Research and Development small grants – focus on disadvantaged communities
- Regional operations small grants
- Proposal to EPA Administrator to develop multi-agency collaborations to develop and implement strategies for healthy communities.

Federal Highway Administration – David Kuehn

- Airborne pollutants associated with vehicular traffic
- Safety issues – e.g., cyclists and pedestrians. Some new work with Native American communities.

NIGMS – Judith Greenberg (see handout)

- Support minimal human population research
- NARCH partnerships between research intensive universities and tribal colleges and universities
- Gene Storage
- Gene research on identified populations – document on this issue to be posted to NIH website

National Eye Institute – Richard Mowry

- Primary focus has been on clinical trials and epidemiologic studies
- Past partnership with NIAID to develop a CBPR program to address AIDS-related retinopathies (primarily education with advisory boards).

NCRR – Anthony Hayward

- Science Education Partnership Awards (SEPA) Program

NIDDK – Wendy Johnson-Taylor & Robert Kuczmarski

- RFA on Environmental factors of obesity
- CBPR is necessary for implementation of intervention strategies targeting healthy eating and physical activity.

NHLBI – Diana Schmidt & Virginia Taggart

- Translational Division. Seven community-based asthma interventions in the 2nd of 3-year contract.
- Best Practices and lessons learned report.
- National Asthma Conference (June 2003)
- Research Division. Centers to reduce Health Disparities
- Partnerships between research-intensive universities and minority serving institutions.
- Pathways = school-based obesity prevention program for Native American children. Process outcomes have been outstanding.
- Jackson Heart Study – “African American Framingham Study.”

NINR – Janice Phillips

- Hosted a meeting on CBPR in November 2001. Developed a PA as a result of the meeting. The PA will be announced in March.

National Science Foundation: Social and Behavioral Directorate – Reeve Vanneman

- 95% of social scientists unaware of CBPR.

NIMH – Carmen P. Moten

- Three new PA's with a focus on primary care.

HUD – Joey Zhou

- Healthy Home initiative – established by congress in 1999. Purpose is to establish partnerships to build community capacity and coalitions. Focus on low income and minority groups.

AHRQ – Kay Felix Aaron

- Hosted a conference on CBPR in November 2001.
- EXCEDE Program – 90 leaders from across the country looking for ways to advance CBPR:
 - New ideas
 - Renewed ideas
 - Input from CBOs – capacity building.
- JGIM special issue on CBPR
- Internal education of AHRQ – will conduct an all-hands briefing on CBPR and its benefits.

NIA – J. Taylor Harden

- Resource Centers for minority aging research.

ODPHP – Carter Blakey

- MOUs with national organizations to get word out about HP 2010. Recently established one with the National Park and Recreation Service.
- Host meetings across the country.
- Community implementation awards in CT and NC.

ATSDR – Frank Bove & Rueben Warren

- Division of Assessment and Consultation receives primary data from communities and secondary data from public health officials.

NCCAM – Morgan N. Jackson

- Interest in culturally competent health delivery.

Office of Minority Health – Olivia Carter-Pokras

- National Leadership Summit – July 10-12, 2002
- Sens. Bingaman and Frist are interested in obesity – bring CBPR principles to obesity.

- Research Coordination Council
- Data council

NIDCR – Ruth Nowjack-Raymer

- Centers recently funded that have some level of community participation. 7-year awards with a one time renewal.

NIAMS – Reva Lawrence

- Conference on Health Disparities – summary on website.
- Summary of another HD meeting will be published.
- Cordosa medical center and Columbia Heights has a strong community partnership team.

NIEHS – Frederick Tyson & Liam O'Fallon

- Successful Models of CBPR meeting and final report (March 2000).
- Translational Research Program at NIEHS:
 - CBPR
 - Environmental Justice
 - K-12 Education
 - Health Disparities
 - Centers for Children's Environmental Health and Disease Prevention Research

Identified issues and recommendations

- Need non-categorical money to continue CBPR
- Need to engage other agencies such as Business and Labor – must have a multi-agency approach to healthy communities
- Need to harmonize community and government priorities
- Beneficial to compile experiences and lessons learned from CBPR (not an issue of \$).
- Beneficial to know where all these projects are being implemented – strive to spread federal dollars across the country and not just in a select few cities.
- Evidence based analysis of CBPR and Federal activities,
 - Are we really moving the field forward?
 - What is evidence/empirical data that CBPR has positive impact on public health?
 - What is the evidence that CBPR is a valid, rigorous scientific research methodology?
- Must consider the review process of CBPR applications.

Possible Activities of this Interagency Working Group (IWG)

- Define of CBPR. Everyone in the IWG seems to have Agency/Institute version of CBPR. Before moving forward, it would be good to agree to a set definition for this group. Focus on what CBPR is and what it is not. Do a quick analysis of where this group is.
- Identify ways to integrate on-going work. This working group is a good example of a first step to coordinate federal activities in the realm of CBPR.

- Conduct an inventory of what's been accomplished. Focus on successes and failures. Perform a qualitative analysis of CBPR methodology. Demonstrate that CBPR methodology is the way to go. Knowledge synthesis model.
 - Make case for CBPR. Conduct educational workshops:
 - Study sections
 - Communities
 - Researchers
 - Local, state, federal and private health agencies
- This group must be careful that we are in agreement about CBPR before we begin trying to educate others about it.**
- Discuss recent CDC RFA
 - Address reviews at standing study sections. Educate reviewers as to the importance and merit of CBPR applications.
 - Establish working groups within the IWG.
 - Engage “corporate NIH” – discussions at the weekly EPMC meetings.
 - Tie into OBSSR workgroup.
 - NIH evaluation projects (set aside dollars). The IWG could put together a proposal to look at CBPR. Interagency proposals typically fare better than single institution.
 - National Leadership Summit. Will have a session on data and research. This group could support posters and panels on CBPR and community-university partnerships.
 - Research Coordination Council. The IWG could try to get on the agenda of the RCC. Identify principles of CBPR, serve as reviewers of applications, and develop common language for future RFAs.

Next meeting

Participants expressed the need to convene again within a month. People thought that NIH, Natcher Center was a good place to meet. Tyson and O’Fallon will write summary of the first meeting and disseminate to the group, along with proposed dates for the next gathering.

Assignments

1. Define CBPR as your office, Center, or Institute uses the term. E-mail your definition to Mr. O’Fallon (ofallon@niehs.nih.gov) prior to the next meeting so that the definitions can be compiled into a document and distributed at the next meeting.
2. Identify at least one objective for this Interagency Working Group. E-mail your objective to Mr. O’Fallon prior to the next meeting so that the definitions can be compiled into a document and distributed at the next meeting.

Meeting adjourned at 3:15 p.m.